# OUTPATIENT PHARMACY

## MANAGER'S USER MANUAL

Version 7.0
December 1997

(Revised December 2008)

Department of Veterans Affairs
Office of Information & Technology
Office of Enterprise Development

# Revision History

Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. If the Revised Pages column lists "All," replace the existing manual with the reissued manual. If the Revised Pages column lists individual entries (e.g., 25, 32), either update the existing manual with the Change Pages Document or print the entire new manual.

| Date | Revised Pages | Patch Number | Description |
|------|--------------|--------------|-------------|
| 12/08 | ix-xi, 39, 117, 197a-h, 249-251 | PSO*7*303 | Added Nutritional Supplement and a Tricare processing section.<br>(M. Anthony, PM; G.O'Connor, S. B. Scudder, Tech Writers) |
| 08/08 | ix-x, 4, 39-40, 43-45, 115-116, 163, 165, 165a-d, 169-171, 173, 173a-d, 180, 249, 251 | PSO*7*225 | The following changes are included in this patch.<br>• The Environmental Indicator, "Environmental Contaminant," has been replaced with "Southwest Asia Conditions" or "SW Asia Conditions".<br>• "Was treatment related to PROJ 112/SHAD?" has been added, along with PROJ 112/SHAD references.<br>• The Service Connected question has been updated with current wording.<br>• Original provider comments no longer being carried over to renewal orders has been noted.<br>• Flag/unflag functionality has been added.<br>• The ability to discontinue both pending and active orders for the same drug has been noted.<br>• The *Rx (Prescriptions)* menu has been updated in the documentation to reflect the existing menu.<br>(S. Templeton, PM; S. B. Scudder, Tech Writer) |
| 06/17 | 57, 77-78 | PSO*7*288 | Update for the new menu option [Pharmacy Patient Non-VA Meds Report/Clean-up].<br>(A. Scott, PM, T. Dawson, Tech Writer) |
| 05/08 | vii-ix, 82, 250-251 | PSO*7*294 | Included description of Medication Reconciliation.<br>(S. Templeton, PM, D. Dertien, Tech Writer) |
| 04/08 | 183-184 | PSO*7*281 | Update for the ePharmacy Phase 4 Iteration II project. For more information, see the *ePharmacy/ECME Enhancements Release Notes for PSO*7*281*.<br>(M. Anthony, PM, M. Anthony, Tech Writer) |
| 10/07 | 143-144, 183-193, 195-199 | PSO*7*260 | Included updates for the ePharmacy Phase 4 project. For more information, see the *ePharmacy/ECME Enhancements Release Notes*.<br>(S. Spence, S. Krakosky, Tech Writer) |
| 10/07 | All | PSO*7*264 | Re-numbered pages; removed headers and section breaks. Incorporated changes for FY07Q4 release; for specific updates, see the *Outpatient Pharmacy FY08 Q4 Release Notes*.<br>(E. Williamson, PM; S. Krakosky, Tech Writer) |

*(This page included for two-sided copying.)*

# Chapter 1: Handling Copay Charges

The copay status of a prescription is determined at the time of entry and re-evaluated every time a fill for that prescription is released. A prescription will be designated as exempt from copay under the following conditions:

- ✓ The drug is marked as a supply item, nutritional supplement or for investigational use.
- ✓ The Rx Patient Status assigned to the prescription is exempt from copayment.
- ✓ The veteran is copay exempt based on income.
- ✓ The medication prescribed is used in the treatment of:
  - o A Service Connected (SC) condition
  - o Combat Veteran (CV)
  - o Vietnam-era herbicide/Agent Orange (AO) exposure
  - o Ionizing Radiation (IR) exposure
  - o Southwest Asia Conditions
  - o Shipboard Hazard and Defense (SHAD)
  - o Military Sexual Trauma (MST)
  - o Cancer of the Head and/or Neck (HNC)

The copay status of a prescription is re-evaluated whenever a fill is released. Various actions can occur based on changes to the criteria that determine the copay status of a prescription, including no action, automatic copay status reset, or a MailMan message generated detailing missing information required for user follow up.

Once a veteran meets the designated annual copayment cap, subsequent fills for any prescriptions dispensed will not be charged a copay. Any fills for copay-eligible prescriptions entered after the cap is reached are not billed and are identified as potential charges. If editing the Days Supply of an Rx or returning an Rx fill to stock results in the total copayment of the veteran to fall below the annual cap, Integrated Billing (IB) software shall initiate a copay charge for any fill that was identified as a potential charge until the annual cap is once again reached.

A user will be prompted to respond to any medication copay exemption questions that apply to the patient when entering a new prescription. Responses entered for the medication copay exemption questions are stored with the prescription and display as default values when an order is renewed, copied, or edited in such a way that a new order is created.

If none of the copay exemptions listed apply, the order is released as a copay prescription with no questions asked. (See "Patient Prescription Processing-New Order Entry," for a complete order entry example.)

**Example: Entering an Rx for a patient with no applicable medication copay exemptions**

```
Do you want to enter a Progress Note? No// <Enter>  NO

Rx # 559157           10/23/06
OPPATIENT24,ONE                 #30
TAKE ONE TABLET BY MOUTH EVERY DAY

NIACIN (NIASPAN-KOS) 500MG SA TAB
OPPROVIDER,ONE            OPPHARMACIST,ONE
# of Refills: 11
Is this correct? YES//
```

If any medication copay exemptions apply to a patient when entering a new prescription, the applicable questions are displayed for the user to respond "Yes" or "No." The responses will be used to determine the copay status of the prescription. The prescription fill will not generate a copay charge when released if at least one of the responses is "Yes." Responses are required.

**Example: An order with medication copay exemptions, but no responses entered**

```
Rx # 3754648           10/24/06
OPPATIENT24,ONE                #30
APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY


HYDROCORTISONE 1% CREAM
OPPROVIDER,ONE             OPPHARMACIST,ONE
# of Refills: 11
      SC Percent: 30%
    Disabilities: NONE STATED


Was treatment for Service Connected condition? NO <Enter>
Was treatment related to Combat? NO <Enter>
Was treatment related to Agent Orange exposure? NO <Enter>
Was treatment related to service in SW Asia? NO <Enter>
Was treatment related to PROJ 112/SHAD? NO <Enter>
Was treatment related to Military Sexual Trauma? NO <Enter>
Was treatment related to Head and/or Neck Cancer? NO <Enter>
Is this correct? YES// <Enter>
```

All Service Connected and Environmental Indicators that apply will be asked regardless of a previously entered "Yes" response. SC will be asked for SC 0-100%, but copay charges will continue to be formulated in the same manner.)

```
Was treatment for a Service Connected condition? NO <Enter>
Was treatment related to Combat? NO <Enter>
Was treatment related to Agent Orange exposure? N// Y
Is this correct? YES//
```

A dollar sign is displayed next to the copay prescription number if the copay status is billable.

**Example: Billable Copay Status**

```
            Medication Profile            Oct 24, 2006@15:14:58    Page:   1 of   1
            OPPATIENT24,ONE
              PID: 000-34-5678P                        Ht(cm): _____ (_____)
              DOB: DEC 2,1921 (85)                     Wt(kg): _____ (_____)


            ---------------------------------ACTIVE---------------------------------
No Copay    1 559163    FOSINOPRIL NA 20MG TAB              30 A> 10-24 10-24  11   30
   Copay    2 559157$   NIACIN (NIASPAN-KOS) 500MG SA TAB   30 A> 10-23 10-23  11   30



                     Enter ?? for more actions
            PU  Patient Record Update              NO   New Order
            PI  Patient Information                SO   Select Order
            Select Action: Quit//
```

**Example: MailMan Message (continued)**

```
Subj: PRESCRIPTION QUESTIONS REVIEW NEEDED (500) [#30364]   Page 2
--------------------------------------------------------------------------

Providers:
Please respond with your answer to the question(s) as a reply to this
message. The prescription will be updated by the appropriate staff.

Staff assigned to update the Prescription responses:
Please use the RESET COPAY STATUS/CANCEL CHARGES option to enter the responses
to the questions above, which may result in a Rx copay status change and/or
the need to remove VA copay charges or may result in a charge to the patient's
insurance carrier.

Note: The SC question is now asked for Veterans who are SC>49% in order to
determine if the Rx can be billed to a third party insurance. These Veterans
will NOT be charged a VA copay.

Supply, nutritional, and investigational drugs are not charged a VA copay but
could be
reimbursable by third party insurance.

Enter message action (in IN basket): Ignore//
```

An annual copayment cap is applied to patients in specific priority enrollment groups. Once a patient reaches the annual copayment cap, no further medication copay charges will be billed for the calendar year. An entry to that effect is made to the Copay Activity Log. The '$' indicator remains next to the prescription number to indicate that the prescription is still copay eligible.

Integrated Billing software keeps track of all prescription fills not billed due to the annual cap.

**Example: Copay Activity Log When Annual Cap Reached**

```
Copay Activity Log:
#  Date          Reason            Rx Ref        Initiator Of Activity
==============================================================================
1   10/23/01    ANNUAL CAP REACHED  ORIGINAL      OPPHARMACIST11,THREE
Comment:  NO BILLING FOR THIS FILL
```

If a patient falls below the annual copayment cap for whatever reason (e.g. prescription fill is returned to stock and copay charges cancelled), the Integrated Billing package can initiate copay charges to bring the patient back up to the annual copayment cap. Integrated billing software will go back and bill a copay charge for those fills previously not charged due to the annual cap, bringing the patient's total copayment up to the cap. Whenever this occurs an entry will be placed in the Copay activity log.

**Example: Copay Activity Log With IB-Initiated Charge**

```
Copay Activity Log:
#  Date          Reason            Rx Ref        Initiator Of Activity
==============================================================================
1   10/23/01     ANNUAL CAP REACHED  ORIGINAL      OPPHARMACIST11,THREE
Comment:  NO BILLING FOR THIS FILL
2   10/23/01     IB-INITIATED COPAY  ORIGINAL      OPPHARMACIST11,THREE
Comment: PARTIAL CHARGE
```

If a prescription is <u>not</u> in a releasable status, the user will be given an error message, such as:

- Prescription has a status of (status) and is not eligible for release.
- Prescription was deleted.
- Improper barcode format.
- Non-existent prescription.

Copay is not charged for a partial fill.

---

**\*\*\*Important\*\*\***
This is a mandatory function that must be used by the pharmacy.

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# Changes to Releasing Orders function - Digitally Signed Orders Only

The release function in the *Patient Prescription Processing* option has been modified with patch PSO\*7\*131 to require that all digitally signed orders for Schedule II controlled substances (CSII orders) be released through the *Outpatient Rx's* option in the *Controlled Substances* (CS) menu. If DEA/PKI is activated and an order is digitally signed, the user will be advised that the order must be released through the *Outpatient Rx's* option in the *Controlled Substances* (CS) menu. The same message will display if a user attempts to release a digitally signed CSII order during Speed Release or when using the *Release Medication* option.

At this time the functionality for entering and processing digitally signed orders is part of a pilot project limited to only one site. System-wide implementation of this functionality requires further study and modifications.

# Changes to Releasing Orders Function - ScripTalk®

The release function in the *Patient Prescription Processing* option has been modified to display a message to the user when the site is using a Bingo Board and when the patient is enrolled in ScripTalk®. This message will alert the user that the patient is enrolled in ScripTalk® and may need to have a verbal announcement that the prescription(s) is ready, instead of a visual announcement.

**Example: Releasing Medication to a ScripTalk® Patient**

```
        Prescription Number 400693 Released
        No Refill(s) to be Released
        No Partial(s) to be Released

OPPATIENT16,ONE added to the WAITING display.
This patient is enrolled in ScripTalk and may benefit from
a non-visual announcement that prescriptions are ready.

Press Return to Continue
```

**Example: Rejected Prescription –Adding Comments**

The following is an example of comments added to a rejected prescription.

```
Select: Quit// ??

The following actions are also available:
COM  Add Comments          DN   Down a Line           PS   Print Screen
CLA  Submit Clarif. Code   >    Shift View to Right   PL   Print List
ED   Edit Rx               <    Shift View to Left    SL   Search List
PA   Submit Prior Auth.    FS   First Screen          ADPL Auto Display(On/Off)
+    Next Screen           LS   Last Screen           QU   Quit
-    Previous Screen       GO   Go to Page
UP   Up a Line             RD   Re Display Screen

Select: Quit// COM       Add Comments

Comment: ALREADY CALLED INSURANCE COMPANY AND THEY WILL GET
   BACK TO ME ON MONDAY.
```

```
Reject Information(UNRESOLVED)Nov 21, 2005@09:51:15      Page:    1 of    1
Division : ALBANY                                  NPI#: 1712884
Patient  : OPPATIENT,FOUR(000-01-1322P)  Sex: M         DOB: JAN
13,1922(83)
Rx#      : 100003872/0      ECME#: 0504454        Fill Date: Nov 15, 2005
Drug     : A AND Z OINTMENT                        NDC Code: 00085-0096-04

REJECT Information
Reject Type   : 88 - DUR REJECT received on NOV 15, 2005@14:11:51
Reject Status : OPEN/UNRESOLVED
Payer Message : DUR Reject Error
Reason        : UNNECESSARY DRUG
DUR Text      : RETAIL

COMMENTS
- JUN 2, 2007@2:30:10 - ALREADY CALLED INSURANCE COMPANY AND THEY WILL GET
  BACK TO ME ON MONDAY (OPUSER,ONE)

INSURANCE Information
Insurance     : EMDEON
Contact       :
Group Name    : RXINS
Group Number  : 12454
Cardholder ID : 000011322P

          Enter ?? for more actions
VW  View Rx              IGN Ignore Reject       RES Resubmit Claim
MP  Medication Profile   OVR Override DUR Reject  CSD Change Suspense
Select: Quit//
```

### *Tricare Reject Processing*

The Third Party Payer Rejects - Worklist [PSO REJECTS WORKLIST] and Third Party Payer Rejects - View/Process [PSO REJECTS VIEW/PROCESS] options have been modified in the following manner:

### 1. Display of non-DUR/RTS rejects

- Non-DUR/RTS Tricare rejections will be segregated at the end of the displayed information. They will be denoted with a "TRICARE - Non-DUR/RTS" header. This header remains regardless of whether the GI - Group by Insurance action is toggled on or off. The Tricare section sorts in the same manner as the main sort for non-Tricare prescriptions (by Rx, drug, patient).

```
Insurance Rejects-Worklist   Aug 13, 2008@16:04:05        Page:   1 of   1
Division  : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS
 # Rx#          PATIENT(ID) [^]            DRUG                  REASON
 1 101238       ECMEIBTEST,ONE(5566)       MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
   Payer Message:
 2 100739       ECMEPAT,TWO(8887)          BENZTROPINE 2MG TAB  79 :REFILL TOO SO
   Payer Message:
 3 101960       OPTRICARE,ONE(4789)        ACETAZOLAMIDE 250MG  79 :REFILL TOO SO
   Payer Message:
                             TRICARE - Non-DUR/RTS
 4 101980       OPTRICARE,ONE(4789)        DANTROLENE 25MG CAP  14 :M/I Eligibili
   Payer Message:




          Select the entry # to view or ?? for more actions
DR  Sort by Drug        RE  Sort by Reason       RX  Sort by Prescription
PA  Sort by Patient     RF  Screen Refresh       GI  Group by Insurance
Select: Quit//
```

- Tricare DUR/RTS rejects displays with all other DUR/RTS rejects. See the boxed text in the example below. Sequence 4 and 6 are rejects for the same prescription. Also note that in the following example GI - Group by Insurance action is toggled OFF.

```
Insurance Rejects-Worklist    Aug 13, 2008@16:10:22       Page:    1 of    1
Division  : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS
 # Rx#            PATIENT(ID) [^]          DRUG               REASON
 1 101238        ECMEIBTEST,ONE(5566)     MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
    Payer Message:
 2 100739        ECMEPAT,TWO(8887)        BENZTROPINE 2MG TAB  79 :REFILL TOO SO
    Payer Message:
 3 101960        OPTRICARE,ONE(4789)      ACETAZOLAMIDE 250MG  79 :REFILL TOO SO
    Payer Message:
 4 101981        OPTRICARE,ONE(4789)      ATENOLOL 100MG TAB   79 :REFILL TOO SO
    Payer Message:
                              TRICARE - Non-DUR/RTS
 5 101980        OPTRICARE,ONE(4789)      DANTROLENE 25MG CAP  14 :M/I Eligibili
    Payer Message:
 6 101981        OPTRICARE,ONE(4789)      ATENOLOL 100MG TAB   14 :M/I Eligibili
    Payer Message:




         Select the entry # to view or ?? for more actions
DR  Sort by Drug         RE  Sort by Reason       RX  Sort by Prescription
PA  Sort by Patient      RF  Screen Refresh       GI  Group by Insurance
Select: Quit//
```

When GI - Group by Insurance action is toggled ON, the header "TRICARE" displays, and this "TRICARE" section sorts alphabetically within RTS/DUR insurances. This Tricare section is separate from the Non-DUR/RTS section that displays at the end of the listing.

**Example with GI action toggled on:**

```
Insurance Rejects-Worklist    Aug 13, 2008@16:12:46       Page:    1 of    1
Division  : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS GROUPED BY INSURANCE
 # Rx#            PATIENT(ID) [^]          DRUG               REASON
                        BLUE CROSS BLUE SHIELD
 1 100739        ECMEPAT,TWO(8887)        BENZTROPINE 2MG TAB  79 :REFILL TOO SO
    Payer Message:
                              TRICARE
 2 101960        OPTRICARE,ONE(4789)      ACETAZOLAMIDE 250MG  79 :REFILL TOO SO
    Payer Message:
                        ZENITH ADMINISTATORS
 2 101238        ECMEIBTEST,ONE(5566)     MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
    Payer Message:

 4 101981        OPTRICARE,ONE(4789)      ATENOLOL 100MG TAB   79 :REFILL TOO SO
    Payer Message:
                              TRICARE - Non-DUR/RTS
 5 101980        OPTRICARE,ONE(4789)      DANTROLENE 25MG CAP  14 :M/I Eligibili
    Payer Message:
 6 101981        OPTRICARE,ONE(4789)      ATENOLOL 100MG TAB   14 :M/I Eligibili
    Payer Message:
         Select the entry # to view or ?? for more actions
DR  Sort by Drug         RE  Sort by Reason       RX  Sort by Prescription
PA  Sort by Patient      RF  Screen Refresh       GI  Group by Insurance
Select: Quit//
```

- The new TRI - Show/Hide Tricare toggle action has been added to the hidden menu on the Insurance Rejects screen. When toggled to Show, Tricare Non-DUR/RTS rejects will automatically display at the end of the listing. Toggling the TRI action to Hide will remove them from the screen.

**Example with Tricare rejects displayed:**

```
Insurance Rejects-Worklist    Aug 13, 2008@16:04:05        Page:    1 of    1
Division  : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS
  # Rx#           PATIENT(ID) [^]          DRUG                 REASON
 1 101238        ECMEIBTEST,ONE(5566)     MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
   Payer Message:
 2 100739        ECMEPAT,TWO(8887)        BENZTROPINE 2MG TAB  79 :REFILL TOO SO
   Payer Message:
 3 101960        OPTRICARE,ONE(4789)      ACETAZOLAMIDE 250MG  79 :REFILL TOO SO
   Payer Message:
                              TRICARE - Non-DUR/RTS
 4 101980        OPTRICARE,ONE(4789)      DANTROLENE 25MG CAP  14 :M/I Eligibili
   Payer Message:




         Select the entry # to view or ?? for more actions
DR  Sort by Drug          RE  Sort by Reason        RX  Sort by Prescription
PA  Sort by Patient       RF  Screen Refresh        GI  Group by Insurance
Select: Quit// ??
The following actions are also available:
TRI   Show/Hide Tricare    FS    First Screen         PT   Print List
+    Next Screen           LS   Last Screen          SL   Search List
-    Previous Screen       GO   Go to Page           ADPL Auto Display(On/Off)
UP   Up a Line             RD   Re Display Screen     QU   Quit
DN   Down a Line           PS   Print Screen

Enter RETURN to continue or '^' to exit:
```

**Example of Tricare rejects removed from display:**

```
Insurance Rejects-Worklist    Aug 13, 2008@16:04:05         Page:   1 of   1
Division  : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS
  # Rx#            PATIENT(ID) [^]         DRUG                REASON
  1 101238        ECMEIBTEST,ONE(5566)    MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
    Payer Message:
  2 100739        ECMEPAT,TWO(8887)       BENZTROPINE 2MG TAB  79 :REFILL TOO SO
    Payer Message:
  3 101960        OPTRICARE,ONE(4789)     ACETAZOLAMIDE 250MG  79 :REFILL TOO SO
    Payer Message:




          Select the entry # to view or ?? for more actions
DR  Sort by Drug          RE  Sort by Reason        RX  Sort by Prescription
PA  Sort by Patient       RF  Screen Refresh        GI  Group by Insurance
Select: Quit// ??
The following actions are also available:
TRI  Show/Hide Tricare    FS  First Screen          PT   Print List
+    Next Screen          LS  Last Screen           SL   Search List
-    Previous Screen      GO  Go to Page            ADPL Auto Display(On/Off)
UP   Up a Line            RD  Re Display Screen      QU   Quit
DN   Down a Line          PS  Print Screen

Enter RETURN to continue or '^' to exit:
```

## 2. Processing of Tricare Rejections

- The Reject Information screen displays TRICARE in the header for the Reject Information section for DUR/RTS Tricare rejects, and the IGN - Ignore Reject action displays but is not selectable.

  In the following example the user entered IGN to ignore the RTS (79) reject. The system displayed "INVALID: TRICARE rejected Rxs may not be ignored" on the message bar because the reject is a Tricare refill-too-soon reject.

```
Reject Information(UNRESOLVED)Aug 13, 2008@16:41:59       Page:   1 of   1
Division : ALBANY ISC                          NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789)  Sex: M       DOB: OCT 18,1963(44)
Rx#      : 101981/0         ECME#: 0113205      Fill Date: Aug 13, 2008
CMOP Drug: ATENOLOL 100MG TAB                   NDC Code: 66993-0220-57

REJECT Information (TRICARE)
Date/Time     : AUG 13, 2008@16:10:11
Reject(s)     : Refill Too Soon (79)
Status        : OPEN/UNRESOLVED - E REJECTED

-------------------------------example continues---------------------------------
```

```
OTHER REJECTS
14 - M/I Eligibility Clarification Code

INSURANCE Information
Insurance      : TRICARE
Contact        :
Group Name     : TRICARE PRIME
Group Number   : 123123
Cardholder ID  : SI9844532
          INVALID: TRICARE rejected Rxs may not be ignored.
VW  View Rx               IGN Ignore Reject        OVR Submit Override Codes
MP  Medication Profile     RES Resubmit Claim       CSD Change Suspense Date
Select: Quit// IGN  Ignore Reject
```

- For Non-DUR/RTS Tricare rejects, the FIL - Fill Rx action and the DC - Discontinue Rx action displays. If the prescription is payable, the user is allowed to fill the prescription and print the label. If not payable, a message will be displayed stating the prescription must have a payable status to be filled.

**Example of Reject Information screen for non-DUR/RTS reject:**

```
Reject Information (TRICARE)  Aug 13, 2008@16:39:14      Page:   1 of   1
Division : ALBANY ISC                          NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789)  Sex: M          DOB: OCT 18,1963(44)
Rx#      : 101980/0          ECME#: 0113204      Fill Date: Aug 14, 2008
Drug     : DANTROLENE 25MG CAP                  NDC Code: 00149-0030-66

REJECT Information (TRICARE)
Date/Time     : AUG 13, 2008@15:41:30
Reject(s)     : M/I Eligibility Clarification Code (14)
Status        : OPEN/UNRESOLVED - E REJECTED

INSURANCE Information
Insurance      : TRICARE
Contact        :
Group Name     : TRICARE PRIME
Group Number   : 123123
Cardholder ID  : SI9844532



         Enter ?? for more actions
VW  View Rx               FIL Fill Rx          OVR Submit Override Codes
MP  Medication Profile     DC  Discontinue Rx   CSD Change Suspense Date
Select Item(s): Quit//
```

The following is an example of a user selecting to discontinue the prescription shown above. The user selects DC at the Select Item prompt and answers the normal discontinue prompts. When the user exits and re-enters the worklist, the discontinued prescription will be removed from the listing.

```
Select Item(s): Quit// DC   Discontinue Rx
Nature of Order: SERVICE CORRECTION//        S

Requesting PROVIDER: OPPHARM,ONE       OO
Claim has status E REJECTED.  Not reversed.


Reject Information (TRICARE)  Aug 13, 2008@16:53:40       Page:    1 of    1
Division : ALBANY ISC                                 NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789)  Sex: M           DOB: OCT 18,1963(44)
  # Rx#       PATIENT(ID) [^]          DRUG               REASON
CMOP Drug: ATENOLOL 100MG TAB                      NDC Code: 66993-0220-57

REJECT Information (TRICARE)
Date/Time      : AUG 13, 2008@16:53:20
Reject(s)      : M/I Cardholder ID Number (07)
Status         : OPEN/UNRESOLVED - E REJECTED

INSURANCE Information
Insurance      : TRICARE
Contact        :
Group Name     : TRICARE PRIME
Group Number   : 123123
Cardholder ID  : SI9844532




        NO ACTION TAKEN.
VW  View Rx              FIL Fill Rx                OVR Submit Override Codes
MP  Medication Profile   DC  Discontinue Rx         CSD Change Suspense Date
Select Item(s): Quit//    QUIT




PA  Sort by Patient      RF  Screen Refresh      GI  Group by Insurance

Insurance Rejects-Worklist   Aug 13, 2008@16:53:52       Page:    1 of    1
Division  : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS
  # Rx#          PATIENT(ID) [^]        DRUG              REASON
  1 101238       ECMEIBTEST,ONE(5566)   MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
     Payer Message:
  2 100739       ECMEPAT,TWO(8887)      BENZTROPINE 2MG TAB 79 :REFILL TOO SO
     Payer Message:
  3 101960       OPTRICARE,ONE(4789)    ACETAZOLAMIDE 250MG 79 :REFILL TOO SO
     Payer Message:
                           TRICARE - Non-DUR/RTS
  4 101980       OPTRICARE,ONE(4789)    DANTROLENE 25MG CAP 14 :M/I Eligibili
     Payer Message:
  5 101985       OPTRICARE,ONE(4789)    ATENOLOL 100MG TAB  07 :M/I Cardholde
     Payer Message:





        Enter ?? for more actions
DR  Sort by Drug         RE  Sort by Reason      RX  Sort by Prescription
PA  Sort by Patient      RF  Screen Refresh      GI  Group by Insurance
Select: Quit//    QUIT
```

```
  # Rx#          PATIENT(ID) [^]          DRUG                    REASON
  MP     ePharmacy Medication Profile (View Only)
  PF     ePharmacy Medication Profile Division Preferences
  SP     ePharmacy Site Parameters
  VP     Third Party Payer Rejects - View/Process
  WL     Third Party Payer Rejects - Worklist

Select ePharmacy Menu Option:  Third Party Payer Rejects - Worklist

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION: ALBANY ISC//     500     ALBANY ISC

ANOTHER ONE:
Please wait...




PA  Sort by Patient        RF  Screen Refresh        GI  Group by Insurance

Insurance Rejects-Worklist    Aug 13, 2008@16:54:57         Page:    1 of    1
Division  : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS
  # Rx#          PATIENT(ID) [^]          DRUG                    REASON
  1 101238       ECMEIBTEST,ONE(5566)     MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
    Payer Message:
  2 100739       ECMEPAT,TWO(8887)        BENZTROPINE 2MG TAB  79 :REFILL TOO SO
    Payer Message:
  3 101960       OPTRICARE,ONE(4789)      ACETAZOLAMIDE 250MG  79 :REFILL TOO SO
    Payer Message:
                              TRICARE - Non-DUR/RTS
  4 101980       OPTRICARE,ONE(4789)      DANTROLENE 25MG CAP  14 :M/I Eligibili
    Payer Message:








          Select the entry # to view or ?? for more actions
DR  Sort by Drug          RE  Sort by Reason         RX  Sort by Prescription
PA  Sort by Patient       RF  Screen Refresh         GI  Group by Insurance
Select: Quit//
```

- A person that resolves Tricare non-DUR/RTS rejects is dependent upon the type of reject. Dispense As Written (DAW) reject code 22 can be resolved by the pharmacy staff by editing the prescription and entering the appropriate DAW code which results in a claims resubmission. Other insurance related rejects (missing eligibility or cardholder ID number) are resolved by the Outpatient Pharmacy Electronic Claims Coordinator (OPECC). Once the rejection has been resolved, the Reject Information screen under the pharmacy reject worklist shows the status of the prescription as E PAYABLE. At this point the user may select the FIL action which will prompt for label print.

```
Reject Information (TRICARE)  Aug 27, 2008@17:16:27        Page:   1 of   1
Division : ALBANY ISC                              NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789)  Sex: M          DOB: OCT 18,1963(44)
Rx#      : 102059/0          ECME#: 0113288        Fill Date: Aug 27, 2008
Drug     : IMIPRAMINE 25MG TAB                     NDC Code: 00779-0588-30

REJECT Information (TRICARE)
Date/Time     : AUG 27, 2008@17:15:08
Reject(s)     : M/I Cardholder ID Number (07)
Status        : OPEN/UNRESOLVED - E PAYABLE

INSURANCE Information
Insurance     : TRICARE
Contact       :
Group Name    : TRICARE PRIME
Group Number  : 123123
Cardholder ID : SI9844532



          Enter ?? for more actions
VW  View Rx              FIL Fill Rx              OVR Submit Override Codes
MP  Medication Profile   DC  Discontinue Rx       CSD Change Suspense Date
Select Item(s): Quit// FIL   Fill Rx
                   [Closing all rejections for prescription 102059:
                        07 - ...OK]


Print Label? ? YES//

Select LABEL PRINTER: HOME//   UCX/TELNET    Right Margin: 80//
```

- For rejects that remain in suspense, the user will be allowed to process the rejection as indicated above, however no labels will be printed until the prescription is pulled early or printed from suspense. Upon resolving the reject, the user will be notified of this information. CMOP prescriptions will function in the same manner.

*(This page included for two-sided copying.)*

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